



## Informed consent

Last name:

First name:

Maiden name:

Address:

Postal code:

City of residence:

Date of birth:

No AVS :

### **Informed consent authorising the use of data during my participation in the screening programme.**

By signing, I declare that I have been informed of the way in which breast cancer screening is organised, in particular I have been informed of the benefits and limitations of breast cancer screening, either orally by my doctor in a personal discussion or by reading written information which I received from the screening programme, and I agree that:

- My mammograms be transmitted to the Screening Centre, electronically in encrypted format and/or on physical media, as well as to their recording and archiving by the Screening Centre, in accordance with the relevant legal requirements concerning data protection.
- The results of my mammograms and, if applicable, the results of additional examinations may be used by the medical staff of the Screening Centre, in a confidential manner and in accordance with medical confidentiality. I therefore authorise the exchange of information between my doctors and the doctors and radiologists at the Screening Centre.
- My data, when anonymised, may be used for statistical and teaching purposes.

Date .....

Signature .....